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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/553,133
	<b>Filing Date</b>	14-OCT-2005
	<b>First Named Inventor</b>	Wa Chu
	<b>Title</b>	Flat-foldable face-mask and p
	<b>Art Unit</b>	3772
	<b>Examiner Name</b>	PATEL, NIHIR B
	<b>Attorney Docket Number</b>	CHU0101PUSA

I hereby revoke all previous powers of attorney given in the above-identified application.

- ☐ A Power of Attorney is submitted herewith.
- OR
- ☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:
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Please recognize or change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	Mr. Wa CHU		
Address	vBox 882086, Singapore 919191 (vBox can reach me wherever I move in the future)		
City	Singapore	State	Zip 919191
Country	Singapore		
Telephone	(65) 81183083	Email	chu.francis@gmail.com

I am the:

- ☒ Applicant/Inventor.

OR

- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

**SIGNATURE of Applicant or Assignee of Record**

Signature	ICHU WA CHU	Date	August 31, 2009
Name	Wa CHU	Telephone	+65 81183083
Title and Company	Mr.		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

- ☒ \*Total of 1 forms are submitted.

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